

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005887

FILED
Apr 21, 2011
Secretary of State

Entity Name: UNIVERSAL HOSPITAL SERVICES, INC.

Current Principal Place of Business:

7700 FRANCE AVENUE SOUTH
SUITE 275
EDINA, MN 55435 US

New Principal Place of Business:

Current Mailing Address:

7700 FRANCE AVENUE SOUTH
SUITE 275
EDINA, MN 55435 US

New Mailing Address:

FEI Number: 41-0760940 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: BLACKFORD, GARY D
Address: 7700 FRANCE AVENUE SOUTH, SUITE 275
City-St-Zip: EDINA, MN 55435 US

Title: D
Name: HOWARD, JOHN
Address: 7700 FRANCE AVENUE SOUTH, SUITE 275
City-St-Zip: EDINA, MN 55435 US

Title: D
Name: JUNEJA, BOB
Address: 7700 FRANCE AVENUE SOUTH, SUITE 275
City-St-Zip: EDINA, MN 55435 US

Title: S
Name: PULJU, LEE
Address: 7700 FRANCE AVENUE SOUTH, SUITE 275
City-St-Zip: EDINA, MN 55435 US

Title: T
Name: CLEVINGER, REX T
Address: 7700 FRANCE AVENUE SOUTH, SUITE 275
City-St-Zip: EDINA, MN 55435 US

Title: D
Name: BOWERMAN, BRET
Address: 7700 FRANCE AVENUE SOUTH, SUITE 275
City-St-Zip: EDINA, MN 55435 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LEE PULJU

SEC

04/21/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date